

THIRTY-SEVENTH
ANNUAL REPORT

BY
THE DIRECTORS
OF



James Murray's Royal Asylum

FOR LUNATICS,

NEAR PERTH.

~~~~~  
JUNE, 1864.  
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PERTH:

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ANNUAL REPORT

BY THE DIRECTORS OF

JAMES MURRAY'S ROYAL ASYLUM FOR LUNATICS.

13th JUNE, 1864.

It is now the duty of the Directors to submit the Thirty-seventh Annual Report of the Institution.

At the date of the last Annual Report, there were in the House 180 patients—87 males and 93 females. Since then 49 patients have been admitted—25 males and 24 females. The total number of patients under treatment during the year was 229—112 males and 117 females. Of these, 29 recovered—15 males and 14 females ; 42 were removed improved—16 males and 26 females ; 73 were removed unimproved—37 males and 36 females ; and 12 died—9 males and 3 females. There now remain in the Asylum 73 patients—39 males and 38 females.

The large number of removals of patients *unimproved* during the past year arises mainly from the opening of the Perthshire District Asylum at Murthly, and the transfer to that place of the whole body

of Perthshire pauper patients, confined in this Institution, and which took place in the beginning of April last. At the present date there is no pauper patient left in the establishment, which has now become an Hospital for the Insane of the middle and upper classes.

It was clearly the will and design of the Founder of this Institution—as these are expounded or set forth in its Royal Charter of Incorporation, dated 5th March, 1827—that its benefits should *not* be extended to *Paupers* as such: for it is more than once therein stipulated that “the persons to be admitted . . . shall *not have legal claims for parochical relief as Paupers,** . . . upon any Parish.” When, therefore, on the passing of the ‘Lunacy (Scotland) Act’ of 1857, it became necessary to consider the future relation of this Institution to the District or County Asylums proposed to be erected under the said Act, its Directors, after mature deliberation, resolved that, so soon as adequate provision should be, by the County of Perth, made for its pauper insane, this Institution should cease to be open for the treatment of *pauper* patients—and *should be reserved entirely for the non-pauper or private, though not necessarily affluent, classes of the insane.* In this determination the Directors were actuated by additional, and perhaps scarcely less cogent, reasons, which have been set forth in more than one of the published reports† of the Institution, and need not be here recapitulated. The adequate provision contemplated in 1857, for the pauper insane of Perthshire, was supplied on 1st April last, by the opening of the Perthshire District Asylum at Murthly, near Dunkeld; and accordingly, on that date, our doors were closed *quoad* the admission of *paupers*. With a few exceptions, and for special reasons, *all* the paupers then in this Institution were removed therefrom on 1st and 2d April last. The exceptional cases above referred to have been removed since; and at the present date there is not a pauper patient left in the establishment. The Institution has thus now become, what the Directors had determined for the last 7 years it should become,—*an Hospital for the Insane of the Non-pauper*, or, in other words, the private (middle and upper), or *self-supporting, classes*: and therein and thereby it *differs from every other Chartered, or Public Asylum in Scotland, combining in one establishment all the advantages of a Public, with those of a Private, Asylum.*

* Printed “Warrant for Charter of Incorporation,” pp. 12 and 13.

† Thirty-second Report (for 1859)—p. 23,
Thirty-third ,, (,, 1860)—p. 51.

Our pauper have stood in so large a numerical relation to our non-pauper residents that this sudden discharge or removal of the former has necessarily made in every sense an important reduction on our general population. Of a total number of 229 patients under treatment during the byegone year, no less than 144, or upwards of 60 per cent. have been discharged; whereof 125, or nearly 90 per cent. were paupers. Or, viewing the same exodus in a different light:—at the corresponding date last year, our population stood at 180: it is now 73—the reduction being at the rate of 60 per cent.—and the present residents standing to those of last year in the proportion of 40 per cent. Our present population is thus the smallest we have had since 1832, when it was 71:—the population of 1827, when the Institution was opened, having amounted to 40. It can readily be shown, however, that the arrangements of the Institution are only *adapted for a comparatively small or limited number of patients*; for we find that, on re-arranging the sleeping accommodation for our present residents, so as to secure to each an adequate cubic breathing space (which in some cases is only 500 to 600 cubic feet, instead of a minimum of 1000 as it should be): making allowance for certain contemplated alterations; and reserving certain supernumerary apartments for sick rooms and other purposes, necessary to the proper equipment of an Hospital even of the most humble class, the Institution *remains nearly full*! This circumstance affords the best measure we can offer of the *over-crowding* of the last Decennium—an over-crowding which was apparently an unfortunate necessity in the absence of other provision for the *pauper insane of Perthshire*, by whom solely it was caused.

It is undoubtedly conducive to the permanent efficiency and prosperity of the Institution, that its aims—its organisation—its procedure—should be modified and regulated in accordance with the information and experience acquired since its foundation: with prevalent wants and views: with modern progress in science—sanitary and psychological. Such a policy is simply a commercial necessity of the times—if an Institution somewhat old is to continue, under altered and altering circumstances, to prosper: and such a policy is only what is daily being followed by all large corporations or proprietary bodies of old standing, which do not desire to succumb to their more vigorous, youthful rivals—which indeed desire at all, amidst inevitable and increasing competition on every hand, to maintain their pristine reputation, efficiency, or success. Actuated by such convictions—guided by such a policy—the Directors are losing no time in availing themselves of the favourable opportunity presented by so great

Removal of
Pauper
Population:

its effects.

Capacity of
Institution
quoad ac-
commoda-
tion.

Modifica-
tions pro-
posed by
Experience,
Scientific
progress, &c.

Necessity for
a Progress-
ive Policy.

a reduction of our population to effect certain radical changes in the internal economy of the building, which have long been contemplated—which were indicated in our last annual report*—and which have hitherto been prevented only by the presence of our *pauper* population. These changes will imply an unavoidable amount of confusion for the space probably of about 2 years. Meanwhile, the confusion is increased by the occupation of several large and important rooms as store-rooms for the furniture and bedding used by the paupers—until this can be utilised in connection with the alterations now in progress : by commissariat and staff changes : and by the remodelling of various arrangements and apartments, all immediately consequent on the *pauper* exodus.

Concomi-
tants of
alterations.

Disposal of
Pitcullen
Bank estate.

The sale of Pitcullen Bank—mansion and estate—in spring last, has led to the necessity for building new official residences for the Physician and head male attendant—the site of that for the former being at Gilgal—the most elevated corner of the Asylum-farm lands—and that for the latter probably within, or near, the Asylum-grounds proper. The occupation of Pitcullen Bank by its purchaser at Whitsunday last has further necessitated the temporary residence elsewhere of both the officers in question until their respective permanent dwellings are ready for occupation. This is expected to be at Whitsunday 1865 ; but even should entrance be had at this minimum period, the unavoidable changes connected with a double shift of residence, and its inevitable discomforts must extend over a period embracing at least a couple of years.

New official
Residence
for Physi-
cian at Gil-
gal,

It will thus be evident that equally within and without the Institution changes of the most important kind are in progress : that the present period in its history is one evidently of *transition* : that the present position of our community is exceptional : that all our procedure must be correspondingly so : and that we cannot reasonably expect emancipation from this state of things for several years.

In consequence of the new character which the Institution has now assumed, by the entire removal of Pauper patients, and its appropriation for patients of the Middle and Upper classes, a large expenditure will be necessary to adapt the house for this purpose, and the Directors are now in the course of carrying the necessary improvements into effect.

Alterations
in progress
or contem-
plation.

It is unnecessary on the one hand, and it were tedious on the other, to catalogue *seriatim* all the alterations or innovations now in contemplation, if not in progress, within the Institution, or its out-houses and grounds, with a view to place it, so far as is, under the

* Thirty-sixth Report (for 1863), p. 14.

circumstances, possible, on a par with the best establishments of its class throughout the country. But it may be desirable here to record in general terms the more important thereof, which are as follows :—

- (1.) The application of *steam* to various purposes of heating, cooking and washing, in or connected with the laundry, kitchen, and house generally.
- (2.) The economization of fuel by the introduction of improved means of heating and cooking.
- (3.) The economization of labour in the laundry by the introduction of modern washing and wringing machines.
- (4.) The enlargement, with corresponding improvements in lighting and ventilation, of the kitchen and commissariat department, and of the laundry.
- (5.) The re-construction of the great central stair-case and Tower with a view to its more efficient lighting and commodiousness.

These improvements will probably involve or imply an expenditure of about £4000 : and others are in contemplation.

During the year two fires occurred in the laundry, both arising, Accidents from Fire. from the use of old and defective apparatus for the drying of clothes. Fortunately the extent of damage was limited, in the one case to £20, in the other to £80. These, however, are not the first accidents of the same kind, in the same locality, and from the same cause. The most serious fires have been traceable to the present faulty mode of heating the drying closet—a hot air flue of old construction. Our Expensive-ness of anti-quated arrangements. direct damage by accident has, however, not been our heaviest loss, which is to be found in the consumption of fuel in *five* fires or furnaces, where, with modern and suitable apparatus, *one*, would suffice. The proposed improvements in the laundry will not only greatly diminish the risk of accident from fire, but will lead to great economization equally of fuel and manual labour. The latter is a matter of some moment under our altered circumstances—in regard, we mean, to our smaller population, especially of patients capable of, or skilled in, Economiza-tion of Manual labour. the lower branches of mechanical labour. It is most undesirable to destroy the sources or objects of manual labour, which is a necessity to certain groups of patients. But it is equally undesirable to have more manual labour than our community can, with a due regard to the objects for which the Institution has been established, undertake : inasmuch as this involves the employment of expensive, skilled, *hired* labour. But the garden and farm-yard for the men, and the laundry, kitchen, and galleries for the women are likely to absorb for the future, as they do for the present, all the able-bodied, whose labour it is thus desirable to reserve for the use of

the departments in question. This will be attained by the introduction of steam power, which, applied to the pumping of water alone will at once relieve a group of about a dozen patients, with their attendants, whose services will then become available, where they are much wanted, in the garden, pleasure-grounds, farm-yard, and out-houses. One large steam boiler and steam engine, placed in the laundry will, it is expected, not only heat all departments of the latter, supply it with hot water, and drive washing, wringing, or other machinery, but will supply steam for cooking purposes to the kitchen, and for heating water throughout the body of the Institution : while it will also draw and pump water from the different wells and tanks distributed over the grounds.

For further particulars, in regard to the history and experience of the Institution during the past year, reference is made to the Report by Dr Lindsay, the Physician.

For some considerable time to come, great care and attention will be requisite on the part of the Directors to adapt the Institution to the new condition it has now assumed as a non-pauper establishment, and no exertions on their part will be spared to attain this end.

During the past year the Institution has lost the valuable and efficient services of Dr M'Intosh, assistant physician and superintendent, who has been elected to the important office of medical superintendent of the County Asylum at Murthly.

The Directors tender their best thanks to Dr Lindsay and the other officers of the Institution for their zealous and efficient services during the past year ; and they earnestly trust that, as heretofore, the Institution may, through the Divine blessing, long continue to confer important blessings on the community.

WM. PEDDIE, *Chairman*

REPORT OF PHYSICIAN

FOR THE YEAR 1863-4.

THE Admissions during the year have been 49 ; the mean daily number of patients under treatment 144 ; the recoveries 29, or nearly 60 per cent. of the admissions ; the discharges, improved and *unimproved*, 115 ; the deaths, 12, or about 5 per cent. of the total number of patients under treatment during the year. About one-fourth of the admissions were characterised by the possession of suicidal or homicidal propensities, or both. Suicidal cases are always, unfortunately, too common ; they seldom, however, present features noteworthy from their novelty or interest. Occasionally the *youth* of the would-be suicide is exceptional : as in the case of a herd boy of 14, whose delusions and propensities, however, were speedily dissipated by treatment, and who became, prior to his discharge recovered—a cheerful, industrious, agile, eminently boyish boy.

General Results of year.

Suicides.

Among our residents latterly has been a most unusual proportion of patients, whose propensities render them dangerous to the lives of others : murderers, homicides, and assaulters—prone to sudden, serious, unprovoked, and unforeseen attacks on their unsuspecting fellows. In some cases, these attacks are the result apparently of delusions of suspicion—or of implacable enmities against supposed foes : in others they are the offspring of momentary, uncontrollable impulse—without cause *quoad* the person assaulted. In the one class of cases a plausible reason is assigned :—the victim is represented as having systematically annoyed, or irritated, or conspired against his assaulter, who has only been inflicting what he considers merited punishment. In the other class, the pretext is frivolous in the extreme : the assaulter “could not help it ;” does not “know how it happened,” nor why he did it ; it “came into his head of a sudden ;” he did it “for fun ;” or, perhaps, he himself thought he deserved and therefore

Homicides and Assaulters.

Impulsive violence.

Assaults : wished a "thrashing," and adopted this means of securing one ; or he
 their causes felt "in a fighting mood," and so forth. Notwithstanding every care
 and effects. taken to prevent their occurrence, many unforeseen assaults have been
 committed during the year—not unfrequently on the attendants
 placed in special charge of dangerous patients. That these assaults
 were all comparatively harmless in their results to assaulter and
 assaulted alike—that they did not become, by their success, murders
 or homicides—is due simply to our full staff of attendants, and to
 their vigilance, courage, promptitude, and energy in emergency. We
 may add, *en parenthèse*, that such accidents would scarcely have
 occurred under the old régime of Manual Restraint, which, with all
 its faults, had its advantages, and which undoubtedly saved in more
 than one form many lives, that are now sacrificed to the popular
 creed—"Non-restraint"—absurdly so-called. The fact cannot be
 doubted that reaction against the errors and absurdities of the
 "absolute Non-Restraint" system is setting in strongly. Asylum
 physicians find that Mechanical Restraint is the most humane mode of
 treating certain exceptional phases of insanity—the only mode
 apparently of avoiding certain catastrophes now of common occurrence ;
 and they are gradually re-adopting the mildest forms thereof compatible
 with the safety or security of their patients. But, with the present
 strong public feeling in favour of unqualified non-restraint—the total
 abolition or absence of restraint in or under all its forms or names—a
 feeling which is not founded on experience, but is merely the fruit of the
 pseudo-philanthropic tendencies of the age—it is exceptional to find
 men with the moral courage necessary to the confession that their
 experience, if not belief, is antagonistic to the favoured creed or
 delusion of the time.

Fallacies
 and evils of
 absolute
 "Non-
 restraint."

Popular
 Pseudo-Phil-
 anthropy.

Psychical
 peculiarities
 of Homi-
 cides.

The due treatment of patients belonging to what are *par excel-*
lence the "dangerous classes"—of suicides, homicides, and assaulters
 —implies not merely a material addition to the cares and re-
 sponsibilities—the duties and labours of all grades of our staff :—
 but it involves large additional outlay—expense, unfortunately,
 generally disproportionate to the rate of board of the individual—on
 special attendance and special precautions against accident ; and it
 would therefore only be fair and proper were such patients admitted
 only on payment of rates of board at least 50 per cent. above those
 of their less dangerous and more manageable fellows. It is not
 unimportant here to observe that homicidal impulse and attempts of
 the most persistent and dangerous kind may co-exist, and have in
 certain of our cases co-existed, with a perfect knowledge of right and
 wrong, and their bearings on human actions : with perfect ability to

manage business affairs, though of a complex pecuniary character—the patient occasionally directing relatives, bankers, and agents with unerring tact and judgment, scrupulous accuracy and method; with perfect propriety in maintaining most of the relationships, or discharging most of the social or public duties of life: with deportment generally the most polished and gentlemanly—the most considerate and kind. Patients, whose delusions and impulses are such that it is impossible to trust them at large among their companions, without imminent risk of murder or assault, have yet proved fond and exemplary husbands and parents: shrewd and exact men of business: intelligent and amusing correspondents: acceptable contributors to periodical literature: painstaking students and accomplished scholars: devotees of science—the Arts or the Muses.

One half of our Mortality during the year may be set down as ordinary—the other half as extraordinary or exceptional. As showing the intractable, or hopeless, character of some of the cases with which we have had to deal, it may be stated that at least 4 patients, or one-third of the whole deceased, were admitted in such a condition of debility and emaciation that they may be said to have been sent here but to die. These were apparently the direct fruits of imperfect or insufficient nutrition—the patients having obstinately refused food for a time prior to admission, and no artificial means of alimentation apparently having been had recourse to. 2 deaths occurred on the third day, and 6 or one-half of the whole, within three weeks after admission—all from diseases contracted prior thereto. Again, 6, or one-half of the whole, were over 60 years of age at the time of death—2 of them, indeed, over 70. In both the latter cases, death was sudden—supervening similarly within a few minutes after a hearty breakfast—the cause apparently being heart-disease, though in both there had been an equal risk of death by apoplexy, and a strong probability of the existence of atheromatous or calcareous degeneration of the vessels of the brain. In one of these cases, however, there is every reason for believing that death was accelerated, if not directly caused, by his extreme violence, and by rough usage at the hands of above 10 unskilled and unqualified attendants while he was at home in a state of acute mania—the numerous bruises found on his person on admission affording satisfactory evidence of the character of his Home-treatment. In cases of this class, the remarks we have made on page 12, relative to Mechanical Restraint, equally apply: the probability being that, had some means of mechanical restraint—such as the camisole or polka—been applied, the injuries whereof the bruises referred to were the indices, would not have been inflicted. It would appear, then, that

Co-existence
of Sanity and
Insanity.

Mortality:

exceptional:

its causes.

Sudden
Deaths.

we are properly chargeable with only one-half the year's mortality. Some of our oldest residents were among the deaths : one patient had been, at the date of his demise, between 20 and 30 years resident ; 2 between 10 and 20 ; and 2 also between 5 and 10 ; or, in other words, 5 out of 12 deaths were those of persons who had resided upwards of 5 years in the Institution. 9 out of the 12 deaths were males—an unusual and unequal proportion in relation to the opposite sex. In one-half the whole cases, no *post mortem* examination was permitted by the friends or relatives of the deceased : and we are less likely hereafter to obtain the same proportion of autopsies we have hitherto had, small though this be ; firstly, because of our limited population, and its equally limited mortality : but mainly because of the prejudices of the representatives of patients in the middle and upper ranks of society in regard to a practice, which, while it cannot possibly harm the dead, promises to contribute to the welfare of the living, by improving our knowledge of practical medicine and its allied sciences. Some of the fatal cases were of great interest in a Pathological point of view ; but we cannot afford space to go into detail, or even to do more than refer to the very brief *vidimus* or *index* given in our Obituary Table in the Appendix.

Autopsies.

Relief of
over-crowd-
ing.

As has been the case, for several years past, we found it necessary, during the bye-gone year, in order to relieve our overcrowded condition, to draft a certain number of our Paupers to other Asylums, to the Lunatic Wards of Poorhouses, or to private houses. These were chronic incurables of the most intractable kind. Looking, however, to the relief to be afforded by the exodus of 1st April, the number of Paupers so discharged, to relieve overcrowding, was limited to 18, most of whom were transferred to the Royal Asylum at Montrose.

Re-arrange-
ment of
Sleeping ac-
commoda-
tion.

For the first time since our official connection with the Institution, have we found it at all possible to arrange the sleeping accommodation, so as to secure for each patient a due cubic space of air ; and, even yet, the original architectural arrangements of the building are such as to render it impossible to do all we could desire in this direction. In the bedrooms of private dwellings in Perth (it is so in our own), we find the cubic breathing space per person as high as 2000 to 3000 feet ; and there is no reason, but the contrary, why in an Hospital, —in a curative establishment,—in a community of invalids,—there should be only one-fourth or one-third of this amount ! The minimum standard, now recognised among sanitary authorities, is 1000 cubic feet per person—a space far inferior to that allocated to each patient in many, and probably now in most, modern General

Cubic
breathing
space.

Hospitals.* The nearest approach to this standard, to be found in this institution, is in the gallery bedrooms—*each being intended and adapted only for a single patient*—where the cubic space is 880 feet. In certain dormitories, on the other hand, it falls as low as 550 ; and in the days of our overcrowding, when the Institution contained *double the number of patients for whom it was properly fitted*, half these figures may be quoted as the maximum cubic breathing space—*quoad* sleeping accommodation—per person ! If the architectural arrangements of the edifice prevent our *increasing* this cubic space up to the proper minimum standard, we have it in our power, at least, by the re-arrangement of the sleeping accommodation under-noted, to prevent its being *reduced* below the figures 880 and 550 respectively.

Re-arrange-
ment of
Sleeping
accommoda-
tion.

* In Hospitals of recent construction in England, the average space allotted to each Patient in the sick wards or dormitories varies from 1500 to 1800 cubic feet: the most recently erected always having the greatest amount of space. The Parisian hospitals have an average space of 1500 cubic feet: though in the newer ones, it varies from 1900 to 2300. The whole subject of the dimensions and ventilation of bedrooms and dormitories in Public Institutions is well set forth in a paper entitled "Experiments in Ventilation," by Dr Berkeley Hill, in the "British and Foreign Medico-Chirurgical Review," July 1864, pp. 166 and seq.

TABLE : SHOWING RE-ARRANGEMENT OF SLEEPING ACCOMMODATION.

| DEPARTMENTS OF HOUSE. | | No. of Patients that can be accommodated on each side of the House. | Total No. of Patients that can be accommodated. | Nature of accommodation on each side of House. | Breathing space per Patient in cubic feet. |
|-----------------------|------------------|---|---|--|--|
| I. MALE SIDE. | II. FEMALE SIDE. | | | | |
| 1. Pinel | 5. Murray | 7 | 14 | 7 Single Bedrooms, | 880 |
| 2. Esquirol | 6. Beatson | 11 | 22 | 8 Do., | 880 |
| 3. Winslow | 7. Peddie | 8 | 16 | 1 Dormitory for 3 patients, | 650 |
| 4. Conolly | 8. Malcom | 12 | 24 | 8 Single Bedrooms, | 880 |
| Galleries. | | | | 3 Dormitories, each for 4 Patients, | In 2 Dormitories, 675 |
| | | | | | In 1 Do. 550 |
| | | Total of each sex, 33 | Total of both sexes 76 | | |

Ordinary accommodation.

This Table exhibits the ordinary *Gallery* accommodation ; but there are sundry *Super-numerary* apartments, detached from the Galleries—superior in dimensions and in every other respect to the ordinary Gallery accomodation—and which may be used temporarily as single bedrooms or dormitories, though not without prejudice to what we conceive to be their more legitimate purposes (as these are set forth in the section which follows). *The sleeping accommodation being the only proper measure of the capacity of the Institution,* it would appear that, if we are to frame our arrangements in accordance with the “Laws of Health,”—with the principles or doctrines of Modern Sanitary Science—our total population should not exceed 80 persons ; and that *any excess of this standard must be regarded as overcrowding.*

Maximum Population.

For the first time, also, for a long series of years at least, has it been found possible to reserve the following groups of apartments, or

kinds of accommodation, without which no such Institution as this can pretend to completeness or efficiency, viz :—

- I. Sick rooms for both sexes. For the use of patients of either sex we have set apart a suite of rooms in the most salubrious portion of the Institution : in the Browne and Belshes galleries respectively. They are well lighted, ventilated, and heated : are provided with every suitable convenience : and possess the ^{Special accommodation :} ^{its necessity and advantages.} advantage of a free exposure, and an attractive panorama. One of the rooms contains about 3000 cubic feet of air, and is adapted for about 4 patients—that is 750 cubic feet per person : the other contains about 2200 cubic feet for 3 patients, or over 700 cubic feet each.
- II. Dormitories for the suicidal, hysterical, and timid, who require the special care of, and association with, an attendant by night as well as by day.
- III. Apartments for the isolation or separation—as circumstances may require or render desirable—of the following groups of patients :—
 1. The dangerous and irritable—with a view to their more efficient or appropriate treatment :—but in order more especially to the due protection and security of our community generally.
 2. Epileptics, dipsomaniacs, or other special cases, which also demand, for their own benefit, as well as that of the community generally, that they should be separated therefrom.
 3. The aged, feeble, and helpless—securing to them a greater degree of quietude, privacy, and domesticity than is attainable in the galleries, which are inhabited necessarily by all classes of the general insane—including the noisy and boisterous.
 4. The convalescent—promoting their recovery by removal from the annoyances of their more excited and troublesome fellows.
 5. The quiet and industrious—as a reward for, or inducement towards, habits of industry and order.

APPENDIX

TO

REPORT OF PHYSICIAN;

CONSISTING OF

STATISTICAL TABLES

I.—GENERAL RESULTS OF THE YEAR 1863-64.

| | M. | F. | T. |
|---|-----|-----|------|
| Patients admitted from 1827 to 1863, | 693 | 718 | 1411 |
| Of these Recovered, ... Males. Females. Total. | | | |
| ,, were Removed improved, 95 82 177 | | | |
| ,, " " unimproved, 107 90 197 | | | |
| ,, Died, 157 104 261 | | | |
| | 606 | 625 | 1231 |
| Patients remaining on 8th June, 1863, | 87 | 93 | 180 |
| ,, admitted for first time during the year from June 1863 to June 1864, 23 20 43 | | | |
| ,, re-admitted, 2 4 6 | | | |
| | 25 | 24 | 49 |
| Total number of Patients under treatment during 1863-4, | 112 | 117 | 229 |
| Of these Recovered, ... 15 14 29 | | | |
| ,, were Removed improved, ... 16 26 42 | | | |
| ,, " " unimproved, 37 36 73 | | | |
| ,, Died, 9 3 12 | | | |
| | 77 | 79 | 156 |
| Patients remaining on 13th June 1864, | 35 | 38 | 73 |

Mean daily number of Patients under treatment during 1863-4.—144.

II.—ADMISSIONS DURING 1863-4.

| | | | | | | | | M. | F. | T. |
|--|-----|-----|-----|-----|-----|-----|----|----|----|----|
| | | | | | | | | 25 | 24 | 49 |
| 1.—Age. | | | | | | | | | | |
| Between 15 and 20 years, | ... | ... | ... | ... | ... | ... | 4 | — | 4 | |
| „ 20 „ 30 „ | ... | ... | ... | ... | ... | ... | 6 | 2 | 8 | |
| „ 30 „ 40 „ | ... | ... | ... | ... | ... | .. | 8 | 8 | 16 | |
| „ 40 „ 50 „ | ... | ... | ... | ... | ... | ... | 4 | 10 | 14 | |
| „ 50 „ 60 „ | ... | ... | ... | ... | ... | ... | 1 | 1 | 2 | |
| „ 60 „ 70 „ | ... | ... | ... | ... | ... | ... | 2 | 2 | 4 | |
| „ 70 „ 80 „ | ... | ... | ... | ... | ... | ... | — | 1 | 1 | |
| 2.—Condition as to Marriage. | | | | | | | | | | |
| Married, | ... | ... | ... | ... | ... | ... | 9 | 9 | 18 | |
| Single, | ... | ... | ... | ... | ... | ... | 16 | 12 | 28 | |
| Widowed, | ... | ... | ... | ... | ... | ... | — | 3 | 3 | |
| 3.—Form of Insanity. | | | | | | | | | | |
| Dementia, | ... | .. | ... | ... | ... | ... | 4 | 3 | 7 | |
| General Paresis, | ... | ... | ... | ... | ... | ... | 2 | — | 2 | |
| Mania, | ... | ... | ... | ... | ... | ... | 8 | 9 | 17 | |
| Melancholia, | ... | ... | ... | ... | ... | ... | 4 | 10 | 14 | |
| Monomania, | ... | ... | ... | ... | ... | ... | 7 | 2 | 9 | |
| 4.—Co-existent Physical Diseases or Defects. | | | | | | | | | | |
| Amenorrhœa, | ... | ... | ... | ... | ... | ... | — | 4 | 4 | |
| Debility from Abstinence, | ... | ... | ... | ... | ... | ... | 1 | 4 | 5 | |
| „ other causes, | ... | ... | ... | ... | ... | ... | 3 | 4 | 7 | |
| Deaf-mutism, | ... | ... | ... | ... | ... | ... | 1 | — | 1 | |
| Dislocation [partial] of Astragalus, | ... | ... | ... | ... | ... | ... | 1 | — | 1 | |
| Heart Disease, | ... | ... | ... | ... | ... | ... | 1 | — | 1 | |
| None, | ... | ... | ... | ... | ... | ... | 16 | 11 | 27 | |
| Suicidal wounds of Throat, | ... | ... | ... | ... | ... | ... | 1 | 1 | 2 | |
| Ulcer, Chronic, of Leg, | ... | ... | ... | ... | ... | ... | 1 | — | 1 | |
| 5.—Duration of Insanity prior to Admission. | | | | | | | | | | |
| Under one Week, | ... | ... | ... | ... | ... | ... | 2 | — | 2 | |
| Between 1 week and 1 month, | ... | ... | ... | ... | ... | ... | 7 | 8 | 15 | |
| „ 1 and 6 months, | ... | ... | ... | ... | ... | ... | 9 | 11 | 20 | |
| „ 6 „ 12 „ | ... | ... | ... | ... | ... | ... | — | 1 | 1 | |
| Between 1 and 2 years, | ... | ... | ... | ... | ... | ... | 1 | — | 1 | |
| „ 2 and 5 „ | ... | ... | ... | ... | ... | ... | 3 | 1 | 4 | |
| „ 10 „ 20 „ | ... | ... | ... | ... | ... | ... | 1 | 1 | 2 | |
| „ 20 „ 30 „ | ... | ... | ... | ... | ... | ... | 1 | — | 1 | |
| Unknown, | ... | ... | ... | ... | ... | ... | 1 | 2 | 3 | |
| 6.—Number of previous Attacks. | | | | | | | | | | |
| One, | ... | ... | ... | ... | ... | ... | 2 | 3 | 5 | |
| Two, | ... | ... | ... | ... | ... | ... | 2 | 1 | 3 | |
| Three, | ... | ... | ... | ... | ... | ... | — | 2 | 2 | |
| Several, | ... | ... | .. | ... | ... | ... | — | 1 | 1 | |
| 7.—Interval since last Attack. | | | | | | | | | | |
| | | | | | | | | 4 | 7 | 11 |
| 1 month, | ... | ... | ... | ... | ... | ... | — | 1 | 1 | |
| 1 year, | ... | ... | ... | ... | ... | ... | 1 | — | 1 | |
| 2 years, | ... | ... | ... | ... | ... | ... | 1 | 1 | 2 | |
| 3 „ | ... | ... | ... | ... | ... | ... | 1 | — | 1 | |
| 4½ „ | ... | ... | ... | ... | ... | ... | — | 1 | 1 | |
| 5½ „ | ... | ... | ... | ... | ... | ... | 1 | — | 1 | |
| 6 „ | ... | ... | ... | ... | ... | ... | — | 1 | 1 | |
| 7 „ | ... | ... | ... | ... | ... | ... | — | 1 | 1 | |

II.—ADMISSIONS DURING 1863-4—[CONTINUED].

| | M. | F. | T. |
|---|----|----|----|
| 8 years, | — | 1 | 1 |
| 17 „ | — | 1 | 1 |
| 8.— <i>Suicidal and Homicidal Propensities.</i> | | | |
| Homicidal, | 2 | — | 2 |
| Suicidal, | 4 | 6 | 10 |
| Homicidal and Suicidal, | 1 | — | 1 |

III.—RECOVERIES DURING 1863-4.

| | M. | F. | T. |
|---|----|----|----|
| | 15 | 14 | 29 |
| 1.— <i>Age.</i> | | | |
| 20 years or under, | 4 | 2 | 6 |
| Between 20 and 30 years, | 5 | 2 | 7 |
| „ 30 „ 40 „ | 5 | 6 | 11 |
| „ 40 „ 50 „ | — | 2 | 2 |
| „ 50 „ 60 „ | 1 | 2 | 3 |
| 2.— <i>Condition as to Marriage.</i> | | | |
| Married, | 3 | 4 | 7 |
| Single, | 12 | 9 | 21 |
| Widowed, | — | 1 | 1 |
| 3.— <i>Form of Insanity.</i> | | | |
| Erotomania, | — | 1 | 1 |
| Mania: acute, | 8 | 9 | 17 |
| „ chronic, | 2 | — | 2 |
| Melancholia, | 2 | 4 | 6 |
| Monomania, | 3 | — | 3 |
| 4.— <i>Duration of Insanity prior to Admission.</i> | | | |
| 1 week or under, | 2 | 1 | 3 |
| Between 1 week and 1 month, | 3 | 6 | 9 |
| „ 1 and 3 months, | 6 | 2 | 8 |
| „ 3 „ 12 „ | 3 | 5 | 8 |
| „ 10 „ 15 years, | 1 | — | 1 |
| 5.— <i>Duration of Treatment in Asylum.</i> | | | |
| 3 months or under, | 4 | 5 | 9 |
| Between 3 and 6 months, | 5 | 2 | 7 |
| „ 6 „ 12 „ | 4 | 4 | 8 |
| „ 1 „ 2 years, | 2 | 2 | 4 |
| „ 5 „ 6 „ | — | 1 | 1 |

The Recoveries constitute

59·10 per cent. of the Admissions.

20·13 „ „ Mean daily number of Patients under treatment.

12·66 „ „ Total number under treatment during the year.

IV.—OBITUARY FOR 1863-4.

| No. | Sex. | Age at Death. | Form of Insanity. | Duration of Residence in Asylum. | Duration of Fatal Illness. | Apparent immediate Cause of Death. | RESULTS OF POST MORTEM EXAMINATION. | | | | Additional Remarks. |
|-----|------|---------------|--|----------------------------------|----------------------------|---------------------------------------|--|---|--|--|--|
| | | | | | | | Prominent or exceptional Pathological lesions or conditions : Weight of Viscera in ounces Avoirdupois. | | | | |
| | | | | | | | Head and Spinal Column. | Thorax. | Abdomen. | Other parts of Body. | |
| 1. | M. | 64 | Chronic Dementia : Paroxysmal Mania : Homicidal. | 13½ years | 2 months | Congestive Apoplexy. | No | POST MORTEM | EXAMINATION. | | Obscure Hemiplegia of left side present before death: cancerous tumour over spine of right scapula: similar tumour over sternal end of left clavicle. |
| 2. | M. | 42 | Chronic Dementia Delusions : Gesticulator. | 5 years. | 3 weeks. | Pyæmia. | | Pus in, and adhesions of, Pleura of both sides. Left Lung, 23½ oz. : right Lung, 27 oz. Heart, 13 oz. | Depôts of Pus in cortical layer of both kidneys. Hyperæmia of ascending & transverse colon, and of cardiac end of stomach. Left Kidney, 7¼ oz. Right Kidney, 6¾ oz. Liver 56 oz. Spleen, 6 oz. | Large diffuse abscess, containing 3 to 4 pints of Pus, surrounding greater part of left femur, baring the bone, and communicating with the knee-joint. Ostitis and Periostitis [femur]: Arteritis [thigh.] | Original lesion was probably injury to the fibres of certain muscles, and to the coats of certain vessels—of the thigh—produced by his habit of violent stamping on, or kicking, supposed enemies or devils. |
| 3. | M. | 45 | General Paresis. | 11 days. | 3 months | Congestive Apoplexy. | No | POST MORTEM | EXAMINATION. | | Latterly a habitual tippler: death produced by convulsions. |
| 4. | M. | 51 | Melancholia, suicidal. | 10 days. | 2 months at least. | Exhaustion of Melancholia: Inanition. | No | POST MORTEM | EXAMINATION. | | Imperfectly treated at home—especially as to food and sleep: hence admitted in a state of extreme emaciation and debility. |

IV.—OBITUARY FOR 1863-4—[CONTINUED].

| No. | Sex. | Age at Death. | Form of Insanity. | Duration of Residence in Asylum. | Duration of Fatal Illness. | Apparent immediate Cause of Death. | RESULTS OF POST MORTEM EXAMINATION. | | | | Additional Remarks. |
|-----|------|---------------|------------------------------|----------------------------------|----------------------------|------------------------------------|--|---|--|--|--|
| | | | | | | | Prominent or exceptional Pathological lesions or conditions: of Viscera in ounces Avoirdupois. | Head and Spinal Column. | Thorax. | Abdomen. | |
| 5. | M. | 77 | Monomania of suspicion | 7 years. | Death sudden. | Valvular disease of heart. | Skull very thick: texture compact. Cerebral softening of central portions of brain. No lesion of cerebral vessels. | Pleuritic adhesions [recent] and effusion on left side: latter such as to compress lung against spine. Emphysema of both lungs. Calcareous degeneration of aortic valves. | Hyperæmia of both kidneys: texture soft, friable. | Marked fatty development of body generally: abdominal walls had a fatty layer 1½ inches thick. | No complaint nor apparent suffering preceded death, which occurred suddenly soon after a hearty breakfast. Tendency to heart-disease apparently hereditary—a sister having died about same age, and under similar circumstances. |
| 6. | F. | 63 | Acute Mania | 3 days. | 3 weeks. | Maniacal Exhaustion: Inanition. | No | POST MORTEM | EXAMINATION. | | Admitted in a condition of extreme delirium—almost moribund. Mis-treated at home, especially as regards food, which she had obstinately refused for some time. |
| 7. | M. | 61 | Chronic Dementia: Delusions. | 16 years. | 1 month. | Diarrhœa. | Skull very thick: no trace of Diplopæ. Sub-arachnoid effusion: lymph on arachnoid. | Emphysema of both lungs. Walls of right side of heart somewhat atrophied. | Great distension of Gall bladder. Intestinal Hy-peræmia. | Great general emaciation of body. | Insanity originally induced apparently by coup de soleil or other climatic influences in India. |

IV.—OBITUARY FOR 1863-4—[CONTINUED].

| RESULTS OF POST MORTEM EXAMINATION. | | | | | | | | | | | |
|-------------------------------------|------|---------------|------------------------|----------------------------------|----------------------------|------------------------------------|---|--|--|---|--|
| No. | Sex. | Age at Death. | Form of Insanity. | Duration of Residence in Asylum. | Duration of Fatal Illness. | Apparent immediate Cause of Death. | Prominent or exceptional Pathological lesions or conditions : of Viscera in ounces Avoirdupois | | | | Additional Remarks. |
| | | | | | | | Head and Spinal Column. | Thorax. | Abdomen. | Other parts of Body. | |
| 8. | M. | 63 | Chronic Dementia. | 22½ years. | 3 weeks. | Pyæmia : Pleuro-pneumonia. | Scalp closely adherent to skull. Hyperæmia of cerebral membranes. | Considerable pleural effusion on both sides : recent adhesions of left Pleura. Lower part of left lung in first stage of Pneumonia. Hyperæmia of thoracic aspect of Diaphragm on left side. Pericardial effusion : cardiac hypertrophy | Hyperæmia of liver, kidneys, and intestines. | Large sinus surrounding greater part of right inferior maxilla, which was bare of periotum, and partly carious. | Illness began with abscess of the cheek and chin,—apparently secondary and depending on a carious tooth. |
| 9. | F. | 58 | Melancholia, suicidal. | 19 ays. | 2 months at least. | Inanition. | Œdema tons softening of central portions of brain : hyperæmia of its membranes. Brain, 3 lbs. 3 oz. | Upper lobes of both lungs emphysematous. Heart empty, 8½ oz : right Lung, 15½ oz. : left, 16 oz. | Liver soft and friable : 2 lbs. 14 oz. : cysts in both kidneys : small abscess in left : 4½ oz. each. Spleen, 3½ oz. | Extreme emaciation. | Apparently improperly attended at home : imperfectly nourished [having refused food for some time prior to admission, and probably no means of artificial alimentation having been resorted to.] |

V.—DISCHARGES OF *PAUPER* PATIENTS.

| | M. | F. | T. |
|--|----|----|-----|
| | 57 | 68 | 125 |
| 1. <i>Recovered</i> , | 8 | 10 | 18 |
| 2. <i>Non-Recovered</i> — | | | |
| Improved, | — | — | — |
| Unimproved, | — | — | — |
| | 49 | 58 | 107 |
| 1. Transfers to— | | | |
| <i>a.</i> Perth District Asylum at Murthly, | 28 | 30 | 58 |
| <i>b.</i> Other Public Asylums :— | | | |
| Royal Asylum, Montrose, ... | 3 | 11 | 14 |
| Do. Edinburgh, ... | 1 | — | 1 |
| <i>c.</i> Private Asylums :— | | | |
| Millholm House, } Musselburgh, ... | 1 | 2 | 3 |
| Hallcross House, } | 1 | — | 1 |
| <i>d.</i> Lunatic Wards of Poorhouses :— | | | |
| Perth, | 7 | 3 | 10 |
| Stirling, | 1 | — | 1 |
| <i>e.</i> Private Houses, | 7 | 12 | 19 |
| 2. *Physical Condition, | | | |
| <i>a.</i> Bodily health and condition on the whole good, | 45 | 53 | 98 |
| <i>b.</i> Do. do. bad, | 1 | 1 | 2 |
| <i>c.</i> Labouring under Specific Affections :— | | | |
| Bronchitis, | — | 1 | 1 |
| Bronchocele, | — | 1 | 1 |
| Chronic Cystitis, | 1 | — | 1 |
| Paralysis, | 2 | — | 2 |
| Phthisis Pulmonalis, | — | 2 | 2 |
| 3. *Form of Insanity :— | | | |
| Congenital Imbecility, | — | 1 | 1 |
| Dementia, | 23 | 24 | 47 |
| General Paresis, | 2 | — | 2 |
| Mania : acute, | 2 | 1 | 3 |
| ,, chronic, | 4 | 12 | 16 |
| Melancholia, | 5 | 11 | 16 |
| Monomania, | 13 | 9 | 22 |
| 4. *Recent or Acute Cases, | 4 | 11 | 15 |
| Chronic or Confirmed Cases, | 45 | 47 | 92 |
| Probably Curable | 10 | 14 | 24 |
| ,, Incurable | 39 | 44 | 83 |
| Dirty and Degraded, | 6 | 7 | 13 |
| Violent and Destructive, | 6 | 7 | 13 |
| Quiet, but Idle, | 7 | 6 | 13 |
| ,, and Industrious, | 30 | 38 | 68 |
| 5. †Duration of Residence in Asylum— | | | |
| Under 3 months, | 2 | 2 | 4 |
| Between 3 and 6 months, | 1 | 5 | 6 |
| ,, 6 ,, 12 ,, | 8 | 5 | 13 |
| ,, 1 ,, 2 years, | 1 | 5 | 6 |
| ,, 2 ,, 5 ,, | 19 | 13 | 32 |
| ,, 5 ,, 10 ,, | 11 | 17 | 28 |
| ,, 10 ,, 15 ,, | 1 | 3 | 4 |
| ,, 15 ,, 20 ,, | 3 | 4 | 7 |
| ,, 20 ,, 30 ,, | 3 | 3 | 6 |
| ,, 30 ,, 40 ,, | — | 1 | 1 |

* At date of Discharge.

† Calculating from the Date of last Admission, when a Patient has been admitted more than once.

VI.—PRESENT POPULATION.

| | M. | F. | T. |
|--|----|----|----|
| | 35 | 38 | 73 |
| I. Recent or Acute Cases, ... | 2 | 4 | 6 |
| Chronic or Confirmed, ... | 33 | 33 | 66 |
| Congenital, ... | — | 1 | 1 |
| Probably Curable, ... | 2 | 4 | 6 |
| „ Incurable, ... | 33 | 34 | 67 |
| II. Suffering from bodily Ailments, viz.:— | 5 | 12 | 17 |
| <i>a.</i> General Infirmities of Age, ... | — | 4 | 4 |
| <i>b.</i> „ Debility,* .. | 1 | 2 | 3 |
| <i>c.</i> Specific Affections:— | | | |
| Amenorrhœa and its Concomitants, ... | — | 2 | 2 |
| Paralysis and Pseudo-Paralysis,† ... | 3 | — | 3 |
| Epilepsy, ... | — | 1 | 1 |
| Fractures or Dislocations, ... | — | 1 | 1 |
| Cutaneous Eruptions, ... | — | 1 | 1 |
| Hæmorrhoids, ... | 1 | — | 1 |
| Corueitis [Strumous], ... | — | 1 | 1 |
| III. Refractory, Turbulent, or Irritable,‡ | 9 | 10 | 19 |
| Have Effected, Attempted, or Threatened Escape, ... | 5 | 3 | 8 |
| Destructive to Property, ... | 2 | 5 | 7 |
| Dangerously Violent to the Person, ... | 3 | — | 3 |
| Of Wet or Dirty Habits, ... | — | 7 | 7 |
| Masturbators, or having other Vicious Habits, [<i>e.g.</i> Ordure eating or smearing, &c.] | 3 | — | 3 |
| Denuders, ... | 2 | 2 | 4 |
| IV. Attending Asylum Chapel, ... | 17 | 16 | 33 |
| „ „ Recreations, ... | 18 | 14 | 32 |
| „ Amusements in Town, ... | 6 | 6 | 12 |
| Taking Exercise beyond Asylum-grounds, ... | 13 | 11 | 24 |
| Dining in Association, ... | 33 | 37 | 70 |

* Frequently, if not generally, associated with the Strumous Diathesis.

† Including Muscular Atrophy and Contraction from Disuse of Limbs.

‡ In some cases, only during paroxysms of Periodic or Recurrent Acute Mania.

CHAPLAIN'S REPORT.

IN again respectfully presenting to the Directors a brief record of his work during the past year, the Chaplain cannot claim to have anything of special interest to report, beyond the regular and uninterrupted discharge of the duties of his office. These, not without a deep feeling of his responsibility, he has endeavoured to perform with his best ability and diligence, and with an anxious desire to make them really conducive to the good of those whose spiritual interests are entrusted to his care. It is unnecessary to dwell upon the peculiar difficulties attaching to such a work, as these are too sadly obvious to require even a passing reference ; and he can only say that, without suffering them unduly to discourage him, he has sought to cope with them with as much wisdom and tenderness as he could command. If they are such as to preclude in many cases any sanguine expectation of positive results, they do not at least forbid the hope of being in some degree servicable in ministering to minds diseased, and soothing them with the hopes and consolations of religion. The cloud, though not wholly removed, may yet be tinged with a silver lining, and the music of Gospel truth may help, like the harp of David, to charm the troubled spirit to repose.

During the greater part of the year, the attendance at the various services, both on Sabbath and week-days, has been on the whole satisfactory. At morning prayers, which are held twice in the week—on Tuesdays and Fridays—it has averaged more than a fourth of the inmates of the House, and at the Sabbath morning service, fully a third.

At the latter especially, the chapel, on the male side, has usually been full to overflowing. The recent changes have, as may be conceived made a very considerable reduction in the actual numbers, but the proportion is still more than maintained, the attendance on week-days averaging about a third, and on Sundays nearly a half of those in the House. The quietness and decorum of those in attendance have, as usual, been all that could be desired, a result largely attributable to the care manifested in the selection of those who are capable of the requisite self-control, but in no small degree also due to a sense of the sacredness of the exercises in which they are engaged. The capacity and amount of attention, doubtless, greatly vary, and it is difficult to ascertain the degree of intelligence, in different cases, with which the services are followed, but while to most it is evidently a pleasing if somewhat fitful exercise, there are always a number who are seriously attentive, and, it is hoped, really benefitted. Special discourses are not seldom selected for remark, as having imparted profit and consolation, and it is manifest, to say the least, that these services are instrumental in keeping alive some sense of Divine things in the minds of not a few, who, for themselves, could hardly originate a religious thought.

In addition to these services, the Chaplain has maintained a course of constant visitation, by which he is enabled to come into personal contact with most of the patients. He has encephoured, as far as possible in these visits, to blend the minister with the friend, and, without forcing or formal teaching, to turn the conversation to profitable account whenever it could judiciously be done. He cannot say that in any case he has found the subject of religion received with repugnance, and there are always those with whom it is a pleasure to converse upon it, and who appear to give a cordial and devout response to the remarks that may be made. Altogether, he has had fully as much comfort and satisfaction in this department of his work as he could reasonably expect. He has pleasure in again recording his sense of the courtesy and co-operation of the officials and attendants, who never fail to afford him every facility and aid in the performance of his duties.

He has only to add that the usual classes have been kept up during the winter, viz. : the class for the practice of psalmody, con-

ducted by the Matron, on Monday evenings ; that for writing and arithmetic on Tuesday evenings ; and the Bible class, superintended by the House-keeper and one of the upper class patients, on Sunday evening. At the last of these, select portions of the Old and New Testament are read, varied with extracts from approved religious authors. The attendance, especially at the singing and Bible classes, has been good, and the interest and progress of the pupils continue to afford satisfaction and pleasure.

In conclusion, the Chaplain begs to tender his grateful acknowledgment to the Directors for the confidence they have reposed in him, and to express a hope that, with the diminished numbers in the House, he may be able to bestow a still more careful and particular attention in the discharge of his delicate and important trust. May the blessing of God continue to crown every effort put forth for the amelioration of the saddest of all earthly calamities with abundant success.

WM. D. KNOWLES, *Chaplain.*

